



BORNO STATE GOVERNMENT



**HEALTH
SECTOR
NIGERIA**



Polio vaccination in IDPs camp, Maiduguri (Photo: Pauline/WHO)

Northeast Nigeria Response BORNO State Health Sector Bulletin # 04 21 October 2016

 **3.7 MILLION**
IN NEED OF HEALTH
ASSISTANCE 2016

 **1.9* MILLION**
INTERNALLY
DISPLACED PERSONS

 **2.6 MILLION**
2016 TARGET BY
HEALTH SECTOR

 **1,709,581**
BORNO STATE POLIO
VACCINATED CHILDREN

HIGHLIGHTS

- 18 Health Sector Partners are partially supporting the State Ministry of Health (SMOH) through 172 of the health facilities in Borno State, representing 27% of the total health facilities.
- Almost 4,000 suspected cases of measles have been reported from the four conflict affected states of Yobe, Adamawa, Gombe and Borno since the beginning of 2016. Nigeria is rated third highest burden of measles in Africa. The Federal government to commence a national immunization of children under against measles next month.
- Of registered 86 camps (formal and informal) in Borno State, 60% are with no health partners' support; poor waste disposal at most of the informal campsites is a critical issue posing serious threat for communicable diseases
- FHI360 reported rising number of HIV cases among IDPs, the agency screened 220,849 persons for HIV out of which 13,802 were found positive while 9,567 are currently on ART (Antiretroviral therapy).

HEALTH SECTOR



18 HEALTH SECTOR PARTNERS

HEALTH FACILITIES



298 FUNCTIONING** (OF ASSESSED HEALTH FACILITIES)



334 DAMAGED/BURNT/CLOSED

CONSULTATIONS



751,771 MEDICAL CONSULTATIONS

EARLY WARNING & ALERT RESPONSE



160 EWARS SENTINEL SITES
58 TOTAL ALERTS RAISED***

VACCINATION



83,494 MEASLES
1,709,581 POLIO
IPV & OPV****

SECTOR FUNDING



7 MILLION USD FUNDED (13%)
53.1 MILLION USD REQUESTED

*1,883,733 Total IDPs - IOM Displacement Tracking Matrix (DTM) Nigeria Round XI Dataset of Site Assessment

** A report of the NE assessment conducted by the Special Duties Unit of the Federal Ministry of Health and the National Health Sector Working Group May 2016

*** The number of alerts change from week to week

**** Number of Polio vaccinated children in the Outbreak and Response campaign (IPV Inactivated Polio Vaccine & OPV Oral Polio Vaccine)

Situation Update:

- Security challenges coupled with the difficult terrain in parts of Borno State continues to hampers the programs implementation. A joint UN road mission to Damboa (Borno State) aiming to assess available health services for the IDPs and host communities and to deliver essential medicines including malaria modules enough to treat 5,000 people for three months was abort. Polio vaccination activities were also delay in reaching Ngala and Bala/Balge due to escort limitations. These constraints also makes it hard to conduct quick investigations and response to alerts of suspected cases of communicable diseases in the affected communities.
- The 2017 Humanitarian Needs Overview (HNO) for the North East Region was drafted and submitted to the Abuja' humanitarian coordination team. The health sector identified 7,889,545 People in Need (PiN) including 1,883,733 IDPs (IOM DTM Dataset XI) as the most vulnerable groups for the affected NE States. In addition to IDPs, from the hosting communities, children under five years, females of reproductive age (15-49 years) and the elderly (over 60 years) under the Nigeria NE States applicable poverty indexes were included. (United Nations' Global Multi-Dimensional Poverty Index, MPI Report, published in June 2015). Although with an strict inclusive criteria in identifying the most vulnerable people as the PiN for the 2017 Health sector response plan, the figures are double as of last year baseline.

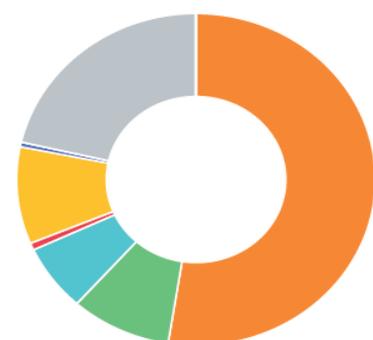
Public Health Risks and Needs

- The impact of the displacement in hosting communities, the polio outbreak and low to no immunization coverage and insecurity further had put at high risk the children under 5 years already facing dangerously high levels of malnutrition, endemic malaria and other vaccine preventable diseases.
- Malaria remains the leading cause of morbidity in Borno State and other states in North-East Nigeria, followed by acute respiratory infection and watery diarrhea.
- The SMOH, WHO and partners conducted a study of the malaria commodities pipeline to establish gaps in Borno State. The findings indicate an urgent need for malaria supplies, such as artemisinin-based combination therapies (ACTs) for the treatment of uncomplicated malaria, sulfadoxine-pyrimethamine (SPs) for treating malaria in pregnancy and Rapid Diagnostic Test Kits (RDTs).
- Based on trends in previous years, it is expected that the risk of measles and acute respiratory infection, along with meningitis will continue to increase to end of the year.
- Poor waste disposal at most of the informal campsites is a critical issue posing serious threat for communicable diseases.
- 400,000 out of the total 1.9 million IDPs are women of reproductive age and would require life-saving sexual and reproductive health services such as family planning, antenatal care and skilled delivery services including emergency obstetric care.
- The MHPSS (Mental Health and Psycho-Social Support) needs of over 0.5 million people over 60 years required urgent attention.

Surveillance and communicable disease control

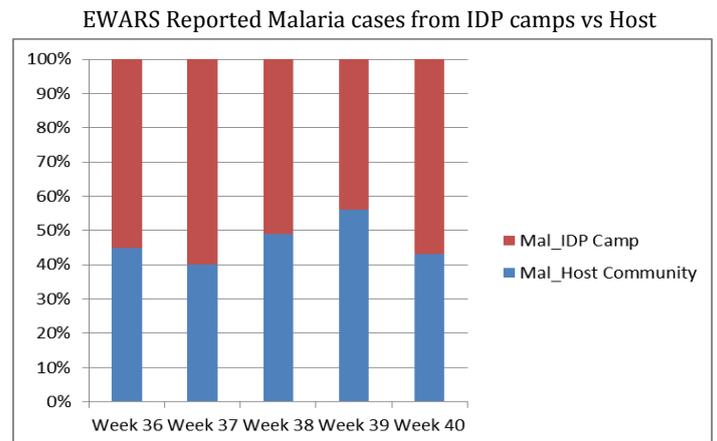
- **Early Warning Alert and Response System (EWARS):** In Epidemiological (Epi) Week 41, 94 out of the 160 (59%) reporting sites (including 26 IDP camps and selected health facilities) in 13 LGAs submitted weekly surveillance reports through EWARS. Completeness of reporting was 59%, whilst timeliness was 70% (target 90% and 80% respectively).

58 indicator based alerts were generated from the reports, of which 83% were verified. Within the reporting period a total of 19,550 morbidities were reported. Malaria constituted over 53% (10,264) of all morbidities.



- **Polio:** 8,511 children less than five years were vaccinated against polio using Oral Polio Vaccine (OPV) and 783 with Inactivated Polio Vaccine (IPV) from 10 to 14 October 2016.
- **Malaria:** Surveillance data shows Malaria as the leading cause of morbidity in Borno State, with a cumulative mortality of 354 deaths. (Borno State EWARS Week 41 Oct 10-16, 2016) The already ongoing LLIN distribution appears the most rapidly effective vector control measure available.

During Epi Week 41, out of the 10,686 consultations recorded exclusively from 23 IDP camps, 4,530 (42%) were diagnosed to be malaria, 1,508 (14%) respiratory infection and 810 (8%) watery diarrhea. Since EWARS Epi Week 1, cumulative number of consultations in these camps in Borno State has reached 737,523.



- **Acute Respiratory Infections (ARI):** In Epi Week 41, 1,775 cases of ARI were reported with no mortality in Borno state. This represents an 8% increase on the 1,427 cases reported in Epi Week 40. 50% of cases were reported from the age group of under 5 years, with Maiduguri LGA contributing the largest (37%) number of cases reported.

Cumulatively from Epi Weeks 34 - 41, a total of 11,521 cases have been reported. ARIs constitute 9% of all reported morbidities, and are the second highest reason for out-patient consultations.

Figure 3a | Age breakdown

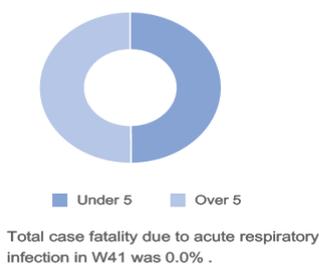
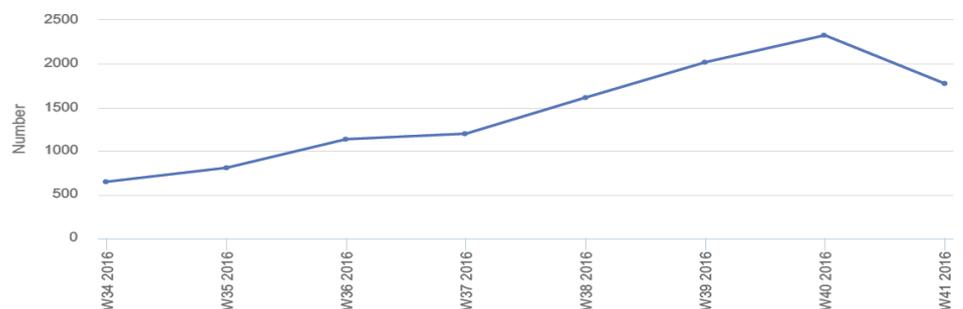
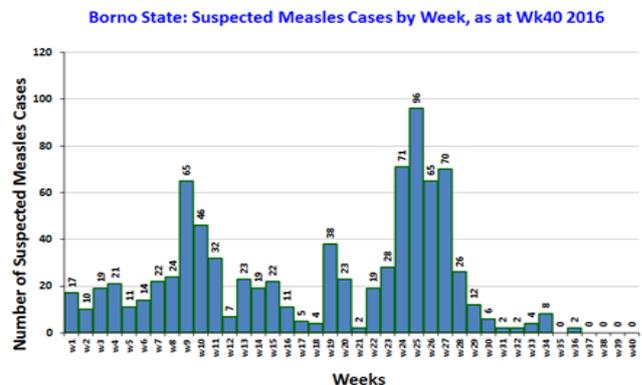


Figure 3b | Trend in number of cases over time (Borno State)



- **Measles:** *EWARS* cumulative data from case-based measles surveillance (including 26 IDP camps and selected health facilities) shows from Epi Week 1 - 41 a total of 846 suspected cases of measles have been reported in Borno State, out of which 20 cases were laboratory confirmed from 4 LGAs (Askira/Uba, Damboa, Mafa and Maiduguri). Fifty eight percent, (58%) of the suspected measles cases were of zero dose measles vaccination status and 71% of cases were aged under 5 years.



The Nigeria Integrated Disease Surveillance and Response (**IDSR**) reporting system which records data from 32 IDP camps and is based on 751,771 consultations, shows measles a cumulative of cases from Epi Week 1 – 41 a total of 2,210 suspected cases, of which 1,689 are children under 5 years of age and 521 over 5 years. Although the graph above is from EWARS data, as the data recorded by the IDSR system would show a similar trend. In order to avoid confusion it is important to mention that these are two separate surveillance systems. The marked increased in reported measles cases compared to

previous reports can be attributable to incomplete data not timely recorded, and/or an increase in the number of sites reporting and/or different camps reporting.

Health Sector Coordination

The SMOH with the support of WHO as the health sector co-lead agency and with inputs of the health partners in the Ne Region, developed the health sector response strategy for the crises response. The SMOH has made presentation and with partners inputs and consultations, the strategy was well received and accepted. During the last 10 days the SMOH is been in consultations with the Federal MoH delegation to develop the health component of the 2017 Nigerian Government Response Plan to the crises integrating the strategy developed.

The major approaches in the health sector strategy includes:

- A strategy that upholds the need for government leadership and ownership
- An integrated approach to address the basic health needs of the affected community
- Focus on the community and primary health care services
- Alignment to the government strategy and ongoing health interventions
- Strengthened coordination and collaboration among the health partners
- A planning matrix that progressively transitions from tackling the emergency needs to addressing the health system bottlenecks

The strategy has identified 4 strategic objectives:

1. To improve access to a timely and equitable package of basic healthcare services as close as possible to the crisis affected population.
2. To strengthen surveillance, EWARS and health information management system
3. To strengthen the control of epidemic-prone and vaccine preventable communicable diseases
4. To establish effective coordination and operations support

The coordination team met with the newly appointed Humanitarian Coordinator (HC) and Resident Coordinator (RC) Mr Edward Kallon and his Deputy Humanitarian coordinator Mr. Peter Lundberg based in Maiduguri. The HC/RC stated that Nigeria is too important to the sub-region and the whole of Africa to be allowed to fail and hence, he urged partners to provide the required strategic support to Nigeria. He also stressed the importance to link humanitarian and development assistance through a resilience-based strategy. The Health Sector briefly discussed key challenges faced by the partners in terms of access and staff safety, Non-Governmental Organizations (NGOs) encountering delays in the approval of drugs importation, and the need for harmonization between UN agencies, state and federal response plans.

The Reproductive Health Working Group (RHWG) was established and will regularly meet to discuss and address reproductive health needs of women, girls, boys and men through quality health services. The RHWG is working to scale up the response and fill critical gaps through service delivery and capacity building of the SMOH and partners.

The SMOH Logistics Management Coordination Unity (LMCU) with support from WHO organized Medical Supply Chain meeting to present supply pipeline matrix for medicines and medical supplies and other requirements that support the supply chain logistics. Fifteen health partners, including UN and Non-Government Organizations in Borno State participated in this meeting. Challenges facing the supply chain management were discussed among them, the lack of accessibility to some populations in Borno State and difficulty in the importation of medicines and other medical supplies.

On 20 October 2016, the SMOH and WHO conducted a study of the malaria commodities pipeline to establish gaps in Borno State. The findings indicate an urgent need for malaria supplies such as Artemisinin-based combination therapies (ACTs) for the treatment of uncomplicated malaria, sulfadoxine-pyrimethamine (SPs) for treating malaria in pregnancy and malaria Rapid Diagnostic Test Kits (RDTs). These needs are been incorporated into the Borno State Malaria Operational Plan, in addition to the 675,000 Long Lasting Insecticide Treated Nets (LLINs) distribution in progress.

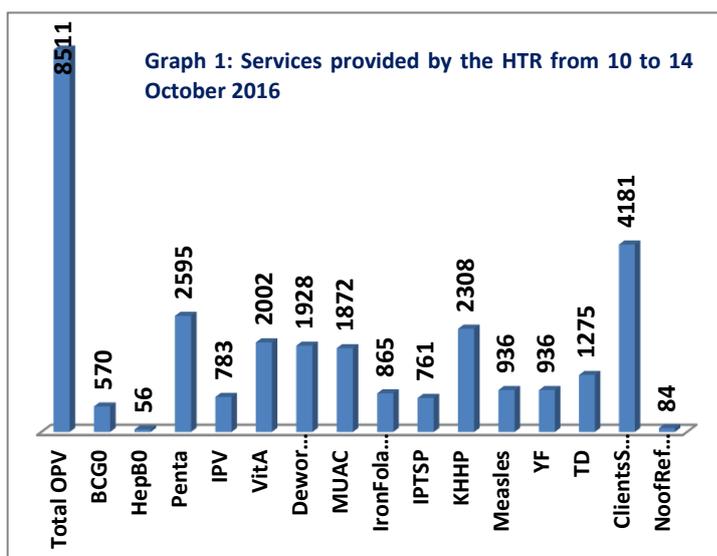
As part of scaling-up presence within and outside Maiduguri, the Humanitarian Country Team (HCT) approved the activation of the Emergency Tele-Communications (ECT) as a cluster.

Health Sector Action

FHI360: The PEPFAR/USAID funded Strengthening Integrated Delivery of HIV and AIDS Services (SIDHAS) supported the Borno State Government to provide comprehensive HIV/AIDS services (HTC, ART, PMTCT, EID, TB-HIV & RH/FP/HIV) services in ten (10) functional hospitals located in 7 LGAs and in 15 IDP camps in Maiduguri metropolis. About 75 Government Health Care Workers were trained to screen IDPs in 15 camps. The hospitals and camps are supported with laboratory equipment, reagents, medical consumables and national M&E tools. The HIV screening of 439 recently liberated IDPs was performed in the Borno State Rehabilitation & Youth Centre, located at Bulumkutu ward Maiduguri.

WHO: Ten complete Interagency Diarrheal Disease Kits (IDDKs) arrived and were prepositioned at the Ministry of Health warehouse in Maiduguri. These kits will reinforce the emergency preparedness and response capacity of diarrheal disease outbreaks in Borno State. In addition, seven supplementary IEHK kits arrived and stored at the SMOH warehouse to complete the seven basic IEHKs and malaria modules.

The Borno SMOH/WHO Supported Hard to Reach (HTR) teams continued delivering integrated health services to Muna Garage and Damba IDP camps and in 14 LGAs in Borno State, plans are under way to scale this up in the HTR services in six additional LGAs in Borno State. Graph 1 shows services provided to persons reached in Epidemiological Week 41.



IRC: The IRC health program distributed essential medicines and supplies to support PHCs in MMC and Jere. The drugs distributions are intended to be a monthly activity depending on consumption rates for the management of common ailments. Two thirds of the consultations were for female patients with varying medical needs. Women of reproductive age were mostly seen to require referral for further care. 187 consultations were done for children under five years, 36 of which had diarrheal diseases. Poor waste disposal at most of the campsites is a critical issue posing serious threat for communicable diseases.

Reproductive Health

UNFPA provided reproductive health services to population affected in Borno state supporting the inauguration and co-leading in the reproductive health sub-working group under the health sector approach. The agency renovated the Ante-Natal Care clinic in Dalori IDP camp and supplied 200 Dignity Kits and Reproductive Health Kits for the treatment of Sexually Transmitted Infections (STIs). In addition, UNFPA supported the training of 31 health workers on clinical management of rape and provided the required post rape kits to care for the affected population.

NUTRITION Sector:

Nutrition sector conducted a reflection workshop with partners, under the leadership of the state, to review the experience of mass screening campaign conducted in MMC, Mafa, Konduga and Jere on 20th Oct in order to have concrete recommendations for plans on how to screen all children on routine basis to refer,

treat and manage them. Nutrition sector is planning to conduct a scale up planning meeting with all partners on 27th Oct.

Gaps in response:

- Immediate support is required for basic restoration of health facilities infrastructure like water supply, electrification/solar panels, labor rooms, pediatric wards etc.
- Training of health care providers in specialized services, maternal care, lab testing, medicines management etc.
- Gaps in essential medicines and supplies, replacement and maintenance of equipment.
- The health staff been affected by the conflict and many has been displaced, creating a gap in health workforce availability and capacity.
- There is a lack of skilled health care workers (doctors, nurses, midwives, pharmacists and laboratory technicians) in health facilities.
- Need to scale up the coverage through mobile health teams especially in accessible rural areas.
- There is clearly recognized need of more health partners to scale up support to the health authorities to fill the gaps in health service delivery.

Resource mobilization:

Funding to implement lifesavings interventions in Borno State and the crises affected NE Region States is urgently needed. The latest funding overview of the Humanitarian Response plan reports that the health sector is currently 13% funded (FTS/OCHA, 21 Oct. 2016), well below the level required to conduct the scale up required to address unmet health needs amongst internally displaced populations and affected host communities.

Health Sector Partners

- Federal Ministry of Health and Borno State Ministry of Health
- UN Agencies: IOM, UNFPA, UNICEF, WHO
- National and International Partners: ALIMA, Action Against Hunger, Medecins du Monde, Premiere Urgence Internationale, International Rescue Committee, FHI 360, International Medical Corps, Centre for Disease Control, WASH and Nutrition Sectors, Nigerian Military, Nigerian Air Force and other partners

Health sector updates and reports are now available at <http://who.int/health-cluster/news-and-events/news/en>

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